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indicated unless corrected imaintenance fee notification	below or directed otherwise	in Block 1, by (a	specifying	a new correspondence address	s; and/or (b) indicating a sep	t correspondence address as parate "FEE ADDRESS" for	
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NIXON & VANI 901 NORTH GLEI ARLINGTON, VA	BE ROAD, 11TH FLO	OR AUG ?	05/	I hereby certify that the States Postal Service addressed to the Matransmitted to the USI	rtificate of Mailing or Tran his Fee(s) Transmittal is bein with sufficient postage for fin il Stop ISSUE FEE address PTO (571) 273-2885, on the	smission  g deposited with the United  rst class mail in an envelope  s above, or being facsimile  date indicated below.	
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				-		(Signature)	
						(Date)	
APPLICATION NO.	PPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/765,092 01/28/2004		David James Scal		550-503	9821		
TITLE OF INVENTION: A	DDRESS OFFSET GENER	ATION WITHIN	A DATA PR	OCESSING SYSTEM			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO		\$1400		\$300	\$1700	09/05/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	]		
PATEL, KAUSHIKKUMAR M  1. Change of correspondence address or indication of "F		2188		711-220000	-		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND							
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	clow, no assignee of this form is NO	i a substitute	pear on the patent. If an assign for filing an assignment.			
(A) NAME OF ASSIGN	EE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)  (B) RESIDENCE: (CITY and STATE OR COUNTRY)				
ARM Limited				Cambridge, United Kingdomick 1403.03 09 309.03 09 15.03 09			
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the	patent): 🔲 Individual 🚨 C	orporation or other private gr	oup entity Government	
4a. The following fee(s) are enclosed:  Lissue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies  5			Ab. Payment of Fec(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached. (\$1715.00)  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).				
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	MALL ENTITY states. See		b. Appli	cant is no longer claiming SMA	LL ENTITY status. See 37 C	CFR 1.27(g)(2).	
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Authorized Signature Mulf from			DateAugust 23, 2006				
Typed or printed name Stanley C. Spooner			Registration No. 27,393				
an application. Confidentiali	on is required by 37 CFR 1.3 ty is governed by 35 U.S.C.	11. The informatio	n is required 1.14. This co	to obtain or retain a benefit by illection is estimated to take 12	the public which is to file (an minutes to complete, including	d by the USPTO to process)	

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